

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	MULTI-BEAM PROBE WITH ADJUSTABLE BEAM ANGLE
Attorney Docket Number::	90997.000003
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Small Entity?::	No
Secrecy Order in Parent	
Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Nestor
Middle Name::	O.
Family Name::	Farmiga
City of Residence ::	Rochester
State or Province of Residence::	NY

Country of Residence:: US
Street of mailing address:: 600 Allens Creek Road
City of mailing address:: Rochester
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 14618-6659

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jack
Middle Name:: W.
Family Name:: Frankovich
City of Residence:: Fairport
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 3 Brackley Circle
City of mailing address:: Fairport
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 14450

**Correspondence
Information**

Correspondence Customer

Number:: 23387

Name::

Street of mailing address::

City of mailing address::

**State or Province of mailing
address::**

**Postal or Zip Code of mailing
address::**

Phone number::

Fax Number::

E-Mail address::

**Representative
Information**

Representative Customer Number::	23387	
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**Domestic Priority
Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority
Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Corning Tropel Corporation
Street of mailing address:: 60 O'Connor Road
City of mailing address:: Fairport
**State or Province of mailing
address::** NY
Country of mailing address:: US
**Postal or Zip Code of mailing
address::** 14450